POSITION	INITIALS	ID NO.		DATE	
FEE DETERMINATION	Smc			0/26/99	
O.I.P.E. CLASSIFIER		6		1499	
FORMALITY REVIEW		700	≥	-10-4	<u>(</u>
	INC	DEX OF CLAIMS	19		
v	Rejec	ted - N		Non-elected	
=	Allow	ed 1		Interference	
— (Throu	gh numeral) Cancele	ed A			
÷	Restr	icted 0		Objected	
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÷	Restricted	0	. Objected
Claim Date	Claim Da	Claim	Date
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	53	1113	
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If mor than 150 claims or 10 actions stapl additional shiet here BEST AVAILABLE CO